DOCUMENT RESUME

ED 336 898 EC 300 630

AUTHOR Feldman, David
TITLE The Transcultural Child in Special Education.
PUB DATE 90
NOTE 6p.; Paper presented at the World Congress on Special Education (New York, NY, 1990).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Bilingualism; Cultural Differences; *Cultural Pluralism; Developed Nations; *Disabilities; Educational Diagnosis; Elementary Secondary Education; Foreign Countries; Handicap Identification; *Language Handicaps; Migrants; *Relocation; *Student Characteristics; *Student Mobility; Student Needs

ABSTRACT

The transcultural population of most open-border economically developed nations has exhibited significant growth over the last 40 years, and numbers of transcultural persons in special education have grown proportionately. The transcultural person in special education presents certain characteristics, problems, or disorders that have not been diagnosed or rehabilitated successfully. These problems or characteristics concern: (1) general health, where differing customs and availability of medical consultation frequently preclude timely diagnosis; (2) intellectual capacity, where some tests are insufficiently standardized and weighted with reference to specific cultural populations, and tests are administered in an inappropriate language; (3) psychosocial adaptation, entailing loss of the security of the group and separation from the family of origin due to migratory movements; (4) language capacity, as transcultural children are often compound bilinguals in which neither language is perfected and each is asymmetrically contaminated by interferences from the other, and there is a need to create fluency in both target and source language; and (5) specific learning handicaps, which are difficult to diagnose when communication problems exist. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

A.I.E.J.I.

INSTITUT INTERNATIONAL D'ÉDUCATION SPECIALISÉE
INTERNATIONAL INSTITUT FOR SPECIALISED EDUCATION
INSTITUTO INTERNACIONAL DE EDUCACIÓN ESPECIALIZADA
INTERNATIONALES INSTITUT FÜR SOZIALPÄDAGOGIK
ISTITUTO INTERNAZIONALE DI EDUCAZIONE SPECIALIZZATA
INTERNATIONAAL INSTITUUT VOOR BIJZONDERE OPVOEDING

ASSOCIATION INTERNATIONALE DES ÉDUCATEURS DE JEUNES INADAPTÉS
INTERNATIONAL ASSOCIATION OF WORKERS FOR TROUBLED CHILDREN AND YOUTH
ASSOCIACION INTERNACIONAL DE EDUCATORES DE JOVENES INADAPTADOS
INTERNATIONALE VEREINIGUNG VON ERZIEHERN GEFAERDETER JUGEND
ASSOCIAZIONE INTERNAZIONALE DEGLI EDUCATORI DELLA GIOVENTÙ IN DIFFICOLTÀ
INTERNATIONALE VERENIGING VOOR OPVOEDERS VAN NIET AANGEPASTE JEUGD

ED 336698

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

David Feldman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

WORLD CONGRESS
New York, 1990

THE TRANSCULTURAL CHILD IN SPECIAL EDUCATION

DAVID FELDMAN, M.D., Ph.D.

Institut Médico-Psychologique Bellefonds
Cenon (France)

At one time, the transcultural population in special education was a small minority. However, over the last forty years, the transcultural population of most open-border economically-developped nations has grown spectacularly. Since these populations are in general no more nor less susceptible to disorders that justify specialized rehabilitation, their representative percentages in special education have grown proportionately, despite which practically no fundamental reorganization of special education services has yet taken place to meet their particular needs.

The latest international statistics also demonstrate that the percentage of transcultural persons eventually reinserted into the general population is significantly below that of the natives. The most plausible hypothesis is that the transcultural person in special education presents certain characteristics, problems or disorders that we have been thus far unable either to diagnose or to rehabilitate successfully.

There appears to be growing agreement on at least five particular characteristics and problems of the transcultural person in special education. The members of our panel will explore each of these points in detail. For the purposes of a general introduction, the following are some of the major points we feel merit the consideration of any special education center receiving a significant transcultural population.

EC 300630

BEST COPY AVAILABLE

.. General Health. Every region on earth presents a certain number of endemic diseases and a particular proportion of general diseases. These may be hereditary, congenital or acquired and many remain sub-clinical for long periods after immigration. The differing customs and availability of medical consultation in the countries of origin frequently preclude timely diagnosis.

The center should obviously be able to carry out a complete medical examination of each person admitted, and to provide for the immediate treatment any syndromes that may thus be revealed. However, routine examination is often insufficient, since the transcultural person may in fact present illnesses infrequently seen or inexistant in the host country. Furthermore, particular dietary and living conditions in the ethnic community or periodic visits to the country of origin justify serious check-ups at regular intervals.

For example certain North African children, grown accustomed to French alimentation and living conditions, spend their annual vacation in the Maghreb. Their return is often marked by serious gastro-enterological problems which keep them from following their normal programs in the Center but whose symptoms may not be readily recognized.

Another example concerns transcultural children whose native culture requires full clothing of the body and refuses its exposure. Clinically significant skin eruptions can thus be masked for critical periods.

Finally, in cultures where routine or periodical medical consultaion is not practiced, developmental disorders, progressive sensory losses and non-immobilizing orthopedic problems are not detected or are often purposely kept secret by the families.

The chronically-ill child or adolescent cannot respond adequately even to the most imaginative and comprehensive special education program.

It is therefore important that the medical staff of the center be:

- equipped to perform the necessary examinations at prescribed intervals
- aware of the particular syndromes the transcultural child is likely to present
- communicate the information to the rest of the staff, with the necessary specific instructions.

2. Intellectual capacity. The definition and measurement of mental retardation is another factor influenced by cultural origins. Only some tests have been adapted to elicit specific culture-bound responses and are often insufficiently standardized and weighted with reference to specific cultural populations.

Even where certain well-constructed psychometric instruments have been adapted and standardized for certain ethnic or cultural groups, two major problems persist:

First, the presence of tests items considered to be "universal". For example, the subject is required to draw a human figure. In one experience, certain subjects produced grotesquely distorted or infantile reproductions, considered on these tests to be evidence of retardation in the acquisition of the body-image. We discovered that these subjects came from cultures in which the representaion of the human form is prohibited or otherwise considered reprehensible. They obeyed instructions, but purposely disfigured the results.

Second, the language in which the test is carried out. The difficulties of interpreting the results of non verbal batteries are well known and these tests cannot fully take place of essential verbal skill measurement. But a verbal test battery adapted to Congolese children but administered in French produces results of an extremely fragile validity.

Statistically, in certain areas, as many as 24% of the transcultural children have been classed as educable mental retardates when the culturally-adapted intellectual-level examination was carried out in the target language, but turned out to present normal intelligence levels when the examination was carried out in the source language.

Such examples abound in our files, all of which indicate that the definition of mental retardation, in the transcultural subject is often difficult to establish, and that even the most precise measures are subject to doubt unless carefully adapted on all points to the subject's cultural origin.

3. Psycho-social adaptation. As compared to the historical mass-movements of entire populations, modern migratory movements are essentially individual. This entails the loss of the security of the group, separation from the family of origin, and even occasionally separation from the nuclear family. But even when family unity is intact, the child finds himself between two cultures, and must often exchange his role with that of the parents, sometimes less capable of adaptation than the child, despite the latter's handicap. We have already said that migrant children do not necessarily present more psychiatric syndromes than native children. On the other hand, they much more frequently manifest specific learning disabilities, inadaptive social behavior and certain psychological difficulties such as identity disorders, insecurity and insufficient internal coherence regarding the past and the future.

Children whose transculturality is due to war and exile constitute a special group since these events are risk factors of decompensation, somatization, sleep difficulties, anxiety manifestations, depressive traits, hysterical syndromes and identity problems.

If psychotherapy is undertaken in these cases without specific reference to the transcultural background, it is not likely to succeed.

4. Language capacity. A major part of transcultural adaptation necessarily involves becoming fully communicative within a single shared language code. However, the majority of transcultural children are at best compound bilinguals in which neither language is perfected and each is assymetrically contaminated by interferences from the other. Those who are placed in special education also present abnormalities at one point or another of the communication chain: hearing, auditory-phonatory integration or phonation. Until corrected, these conditions aggravate tha already considerable problems of oral communication in the compound bilingual. This bleak perspective is complicated by the spoken-language base of most current methods of reading and writing, in which basic communication problems have a disatrous impact on the acquisition of the reading and writing skills considered to be the key to eventual integration into a normal educational system.

It is thus not only necessary to create real fluency in the target language at all four levels (listening, speaking, reading, and writing) but also in the source language, which remains in most cases the instrument of family communication. At the rehabilitational level, it then becomes also necessary to correct the speech, hearing and languge pathologies in both linguistic systems.

The implication for centers whose language, speech and hearing staffs are monolingual are considerable. And even if we are successful in meeting these requirements, so that the child acquires the coordinate bilingualism which is most often the key sign of transcultural integration, this very achievement may entail a certain personality destructuration in the sense that the target language is still viewed as a communicative system detached from an intimate personal investment and equally detached from daily reality in the target culture.

5. Specific learning handicaps. We have already insisted on the fact that the language of instruction is must be known to the learner. This process requires time, and thus, the cleavage between emergent target language capacities and minimal fluency required for formal learning deepens and is aggravated by the competitive nature of the classroom, even in special education settings. When this engenders alternatively aggressive, suspecting, persecutive, fearful or inhibited behavior, the distance can only be increased.

Beyond the question of fluency, there is also the particular involvement of the child in the affective content of the language of instruction. The target language, no matter how well learned, will not have for many years the same role of affective vector as the source language.

Even when non-culturally-determined learning tasks are involved (sciences, mathematics...) and even when the child's source culture places a particularly positive value on them (as in the case of some Asiatic refugée children), important signs of decompensation can still occur. Since the culturally-acquired intimacy and reserve of these children makes it necessary to

discover the specific learning difficulties which they are unable to evoke themselves.

In all these cases it is necessary to carry out a complete neuropsychological examination to determine the full inventory of developmental, organic and functional troubles at each point in the sensori-psycho-motor circuit and thus to specify the nature and sequence of the rehabilitational program required.

Not until these steps have been taken should the child face the pedagogical aspect of the program.

6. Conclusion. Our panel is well aware of the awesome implications of these considerations for any special education center facing an important transcultural population. Nonetheless, we believe that in presenting and discusssing the points we have chosen to raise, we can contribute to a better understanding of a problem which, from all evidence, will become crucial in the special education of the 21st century.